

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | 03/15/16 | 03/15/16 | 03/15/16 | 03/15/16 | Date |
|-------|-------|----------|----------|----------|----------|----------|------|
| 1     | 1     | 1        | ✓        | =        | ✓        |          |      |
| 2     | 2     | 2        | 0        |          |          |          |      |
| 3     | 3     | 3        |          |          |          |          |      |
| 4     | 4     | 4        |          |          |          |          |      |
| 5     | 5     | 5        |          |          | 0        |          |      |
| 6     | 6     | 6        |          |          |          |          |      |
| 7     | 7     | 7        |          |          |          |          |      |
| 8     | 8     | 8        |          |          |          |          |      |
| 9     | 9     | 9        |          |          |          |          |      |
| 10    | 10    | 10       |          |          |          |          |      |
| 11    | 11    | 11       |          |          |          |          |      |
| 12    | 12    | 12       |          |          |          |          |      |
| 13    | 13    | 13       |          |          |          |          |      |
| 14    | 14    | 14       |          |          |          |          |      |
| 15    | 15    | 15       |          |          |          |          |      |
| 16    | 16    | 16       |          |          |          |          |      |
| 17    | 17    | 17       |          |          |          |          |      |
| 18    | 18    | 18       |          |          |          |          |      |
| 19    | 19    | 19       |          |          |          |          |      |
| 20    | 20    | 20       |          |          |          |          |      |
| 21    | 21    | 21       |          |          |          |          |      |
| 22    | 22    | 22       |          |          |          |          |      |
| 23    | 23    | 23       |          |          | ✓        |          |      |
| 24    | 24    | 24       |          |          | 0        |          |      |
| 25    | 25    | 25       |          |          | ✓        |          |      |
| 26    | 26    | 26       |          |          | ✓        |          |      |
| 27    | 27    | 27       |          |          | 0        |          |      |
| 28    | 28    | 28       |          |          |          |          |      |
| 29    | 29    | 29       |          |          |          |          |      |
| 30    | 30    | 30       |          |          | ✓        |          |      |
| 31    | 31    | 31       |          |          | 0        |          |      |
| 32    | 32    | 32       |          |          | ✓        |          |      |
| 33    | 33    | 33       |          |          | ✓        |          |      |
| 34    | 34    | 34       |          |          | 0        |          |      |
| 35    | 35    | 35       |          |          |          |          |      |
| 36    | 36    | 36       |          |          | ✓        |          |      |
| 37    | 37    | 37       |          |          | 0        |          |      |
| 38    | 38    | 38       |          |          | ✓        |          |      |
| 39    | 39    | 39       |          |          |          |          |      |
| 40    | 40    | 40       |          |          |          |          |      |
| 41    | 41    | 41       |          |          | ✓        |          |      |
| 42    | 42    | 42       |          |          | ✓        |          |      |
| 43    | 43    | 43       |          |          | 0        |          |      |
| 44    | 44    | 44       |          |          | 0        |          |      |
| 45    | 45    | 45       |          |          | 0        |          |      |
| 46    | 46    | 46       |          |          | ✓        |          |      |
| 47    | 47    | 47       |          |          |          |          |      |
| 48    | 48    | 48       |          |          |          |          |      |
| 49    | 49    | 49       |          |          | ✓        |          |      |
| 50    | 50    | 50       |          |          | 0        |          |      |

| Claim | Final | Original | 03/15/16 | 03/15/16 | 03/15/16 | 03/15/16 | Date |
|-------|-------|----------|----------|----------|----------|----------|------|
| 51    | 51    | 51       | 0        |          |          |          |      |
| 52    | 52    | 52       | 0        |          |          |          |      |
| 53    | 53    | 53       | 0        |          |          |          |      |
| 54    | 54    | 54       | ✓        |          |          |          |      |
| 55    | 55    | 55       |          |          |          |          |      |
| 56    | 56    | 56       |          |          |          |          |      |
| 57    | 57    | 57       |          |          |          |          |      |
| 58    | 58    | 58       |          |          |          |          |      |
| 59    | 59    | 59       |          |          |          |          |      |
| 60    | 60    | 60       |          |          | ✓        |          |      |
| 61    | 61    | 61       |          |          | ✓        |          |      |
| 62    | 62    | 62       |          |          |          |          |      |
| 63    | 63    | 63       |          |          |          |          |      |
| 64    | 64    | 64       |          |          |          |          |      |
| 65    | 65    | 65       |          |          |          |          |      |
| 66    | 66    | 66       |          |          |          |          |      |
| 67    | 67    | 67       |          |          |          |          |      |
| 68    | 68    | 68       |          |          |          |          |      |
| 69    | 69    | 69       |          |          |          |          |      |
| 70    | 70    | 70       |          |          |          |          |      |
| 71    | 71    | 71       |          |          |          |          |      |
| 72    | 72    | 72       |          |          |          |          |      |
| 73    | 73    | 73       |          |          |          |          |      |
| 74    | 74    | 74       |          |          |          |          |      |
| 75    | 75    | 75       |          |          |          |          |      |
| 76    | 76    | 76       |          |          |          |          |      |
| 77    | 77    | 77       |          |          |          |          |      |
| 78    | 78    | 78       |          |          |          |          |      |
| 79    | 79    | 79       |          |          |          |          |      |
| 80    | 80    | 80       |          |          |          |          |      |
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| 82    | 82    | 82       |          |          |          |          |      |
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| 91    | 91    | 91       |          |          |          |          |      |
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| 97    | 97    | 97       |          |          |          |          |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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